

HIGH SECURITY

PRESCRIPTION PADS & LASER FORMS

Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- 8 Security Features
- Padded forms available in 1, 2 or 3 part
- Laser Forms - Blank or Imprinted

Additional features include: (optional)

- Part 2 printed
- Custom backprinting
- Blue void standard (Green optional)
- Numbering
- 1 part padded 100's
- 2 & 3 part padded 50's
- Padded wrap-around cover
- Drilling on part 2

Imprinted or Blank 8-1/2" x 11"

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____
Dispense as Written _____ M.D. _____ May Substitute _____ M.D. _____
Prescription is void if more than one (1) prescription is written per blank.

Standard 5-1/2" x 4-1/4"
Landscape or Portrait

H, M.D.
/y
Address
A 00000
0000
0-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

Dispense as Written _____ M.D. _____ May Substitute _____ M.D. _____
Prescription is void if more than one (1) prescription is written per blank.

Semi-custom (Up to
8-1/2" x 5-1/2")
Portrait or Landscape

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

R 1 Dispense as Written May Substitute M.D. _____
 Do Not Substitute - Refill - 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20

R 2 Dispense as Written May Substitute M.D. _____
 Do Not Substitute - Refill - 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20

R 3 Dispense as Written May Substitute M.D. _____
 Do Not Substitute - Refill - 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20

R 4 Dispense as Written May Substitute M.D. _____
 Do Not Substitute - Refill - 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20

Refill NR 1 2 3 4 5
Void after _____

Dispense as Written _____ M.D. _____ May Substitute _____ M.D. _____
Prescription is void if more than one (1) prescription is written per blank.

Refill NR 1 2 3 4 5
Void after _____
 Do Not Substitute

Blue or Green Void Pantograph • Security Features Listed • Reverse Rx Symbol • Security Backprint
Microprint Signature Line • SecureRub™ Technology • Invisible Fiber Security • Anti-Copy Watermark™



Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
Standard Pads										Price/Pad
<input type="checkbox"/> PC4-HS1	1	100	16.30	9.60	6.60	4.50	4.10	3.60	3.50	
<input type="checkbox"/> PC4-HS2	2	50	N/A	13.10	7.70	5.60	4.80	4.80	4.40	
<input type="checkbox"/> PC4-HS3	3	50	N/A	22.50	13.20	9.60	7.60	7.60	7.30	
Semi Custom Pads										Price/Pad
<input type="checkbox"/> PCHS-SCUST	1	100	25.70	15.10	10.10	7.30	6.50	6.20	6.10	
<input type="checkbox"/> PCHS2-SCUST	2	50	N/A	28.40	16.50	12.60	10.70	10.20	10.10	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRES1L-HS	1	Imprinted		203.20	150.60	130.60	122.10	120.00	117.90	
Laser - Stock				500	1000	2500	5000	10000	25000	Price/M
<input type="checkbox"/> PRES1L-HS-BK	1	Blank		62.10/lot	79.00	70.60	62.10	55.80	52.70	

Style: Landscape
 Portrait

Parts: 1 Part 2 Part 3 Part

Quantity: 10 Pads 20 Pads
 40 Pads 60 Pads
 80 Pads 120 Pads

Laser Quantity:
 Imprinted 1000 2000 4000 6000 8000 10000
 Blank 500 1000 2500 5000 10000 25000

Start Number: _____

Purchase Order # (if required) _____

Prices: (Add \$30 for Logo)
 Please send me your catalog

Additional features:
 2nd part printing
 padded in 50's
 backprinting
 numbering
 drilling on part 2

Color:
 Blue
 Green

*** FAX ORDER FORM ***

Practice Information
 Practice: _____
 Physician's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 License #: _____ DEA #: _____
 NPI #: _____
 Specialty: _____ Phone #: _____
 Shipping address if different than above
 Address: _____

 Physician's Signature _____ (Required)